Reciprocity Application Check List

Bureau of Emergency Medical Services

	u mail your completed reciprocity packet, check to be sure you have ne following items: Your Packet Will Be Returned if Incomplete!
1 - A Comp	oleted and Signed Application for New York State EMT Reciprocity.
O T O L O Ir	Personal Data Training and Certification Level of Training (the Level at which you are currently certified). Initial training/ Recertification information Application must be signed and dated. Notary Public section Must be completed
2 - A sealed Envelope containing your Verification Form returned to you by your certifying State EMS Office. Applicants with just National Registry DO NOT need to send this form to National Registry. Complete only the top portion of the verification form and mail back to NYS DOH with the rest of your completed reciprocity application.	
0	You have completed top section. Mailed the form to your state or National Registry with a self addressed stamped envelope. State or National Registry returns verification envelope to YOU. Envelope is left SEALED and included in packet to the New York State EMS.
3 - A carefully and neatly filled out EMT Sheet for Reciprocity.	
4- Photocopies of your EMT certification cards, current CPR card, and training certificate for Military applicants.	
0	Military personnel must include certificate of course completion and proof of military medic assignment orders or letter from CO
5- A Certified Check or Money Order made payable to the NYS Department of Health.	
	PLEASE NOTE: The filing fee is NON-REFUNDABLE
****Make Photocopies of all your application materials for your own records****	

Put all your application items into a single envelope and mail to the address below. (You may cut this out, tape it to your envelope and use it as a label)

TO: New York State Department of Health
Bureau of Emergency Medical Services
Reciprocity Unit
433 River Street, Suite 303
Troy, New York 12180-2299